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MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO.	10/049499	FILING DATE
						APPLICANT(S)		
CLAIMS								
AS FILED	AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		IND.	DEP.	IND.	DEP.
	IND.	DEP.	IND.	DEP.				
1	/	/			51			
2	/	/			52			
3	/	/			53			
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44					94			
45					95			
46					96			
47					97			
48					98			
49					99			
50					100			
TOTAL I.D.	3		2		TOTAL IND.			
TOTAL DEP.	7	↓	5	↓	TOTAL DEP.			
TOTAL CLAIMS	10	7	5		TOTAL CLAIMS			

*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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